

were estimated by expert opinion. If two or more studies estimated utility for a similar disease state then a meta-analysis was carried out to pool the variance weighted mean estimates. **RESULTS:** Twenty-eight studies measured utilities of liver diseases or disease states. Only nine of these studies were eligible for meta-analysis for four health states in chronic liver disease patients (compensated cirrhosis, decompensated cirrhosis, pre-liver transplant and post-liver transplant) and three in Hepatitis C patients (compensated cirrhosis, decompensated cirrhosis and post-liver transplant). The pooled mean estimates in chronic liver disease and hepatitis C patients with compensated cirrhosis were 0.87 (95% CI 0.62 to 1.12) and 0.83 (95% CI 0.68 to 0.99) respectively. For decompensated cirrhosis they were 0.68 (95% CI 0.40 to 0.95) and 0.73 (95% CI 0.50 to 0.97). For post-liver transplant, the estimates were 0.70 (95% CI 0.40 to 1.01) and 0.76 (95% CI 0.52 to 1.01) respectively. Pre-liver transplant patients with chronic liver disease had a utility estimate of 0.57 (95% CI 0.28 to 0.87). **CONCLUSIONS:** We have estimated summaries of patient utilities for the major states of chronic liver disease and hepatitis C, and created a valuable liver disease-based utility resource for researchers and policy makers.

PGI16

ARE ADULTS MORE AVERSE TO TREATMENT RISKS FOR THEIR CHILDREN THAN THEY ARE FOR THEMSELVES?

Johnson FR¹, Ozdemir S¹, Mansfield C¹, Hass SL², White TJ²

¹RTI International, Research Triangle Park, NC, USA, ²Elan Pharmaceuticals Inc, San Diego, CA, USA

OBJECTIVE: Compare maximum acceptable risk (MAR) of treatment-related serious adverse events (SAE) between adult Crohn's disease (CD) patients and parents of children with CD. Information on benefit-risk tradeoffs may aid clinicians and regulatory agencies in their decision-making. **METHODS:** An online panel of adult CD patients and parents of children with CD completed a series of choice-format conjoint tradeoff tasks. The treatment attributes included daily symptom severity and activity limitations, the potential for serious disease complications, the time between flare-ups, oral steroid use, and varying levels of three SAE mortality risks: serious infection, progressive multifocal leukoencephalopathy (PML) and lymphoma. The annual MAR was calculated for 15 SAE-clinical benefit combinations (3 SAEs X 5 levels of clinical improvement from a severe or moderate CD state). **RESULTS:** A total of 357 adult patients and 105 parents completed the survey. Improvements in daily symptom severity were the most important factor in treatment preferences. Higher MAR (greater risk acceptance) was observed for trade-off tasks involving higher levels of clinical benefit. Compared to adult patients, parents were willing to accept a greater SAE risk for alleviation of severe CD symptoms (for 7 of 9 SAE vs. clinical benefit combinations), but were less willing to accept SAE risk for improvement of moderate CD symptoms (for 6 of 6 combinations). **CONCLUSIONS:** Medical interventions carry risks of adverse outcomes that must be evaluated against their clinical benefits. Adult patients and parents of children with CD indicated they are willing to accept defined mortality risks in exchange for clinical efficacy. While parents were more willing to accept higher SAE risks for improvement of severe CD symptoms, patients were willing to accept higher risks for improvement of moderate CD symptoms.

PGI17

DEPICTION OF GASTROESOPHAGEAL REFLUX DISEASE (GERD) PREVALENCE IN PRIMARY CARE IN GREECE

Papatheodoridis G¹, Pangali M², Papageorgiou M², Christodouloupoulou A²

¹Ippokraton General Hospital, Athens, Greece, ²AstraZeneca SA, Athens, Greece

OBJECTIVES: GERD is a frequent condition among the general population, which is not often properly diagnosed or treated. The study aimed to depict the prevalence of GERD within a primary care setting, assess symptoms severity and frequency in GERD patients, and to examine the association between GERD and aspirin/NSAIDs use. **METHODS:** A total of 2878 individuals (M/F: 1411/1467, mean age 55, 19 ± 14.5 years, BMI 26, 7 ± 3, 9 Kg/m²) visiting 300 Primary Care Practitioners (PCP) between November-December 2005 were included. Demographic and medical history data including aspirin/NSAID use, the presence and severity-frequency of GERD and dyspepsia symptoms were recorded, using a structured questionnaire. GERD (heartburn, regurgitation) and dyspepsia (epigastric pain, early satiety, postprandial fullness) diagnoses were based on widely accepted epidemiological criteria. **RESULTS:** The main reasons for patients visiting PCPs were prescription renewal (32.9%) and consultation for upper GI symptoms (28.6%). GERD symptoms were reported by 57.4% and dyspepsia by 67.6% of the 2878 patients during the last week before visiting their PCP. Among patients with upper GI symptoms, GERD or dyspepsia was reported almost equally as predominant symptom by 34.2% and 35.6% of patients respectively, while another 4.9% reported symptoms of both diagnoses as predominant. GERD symptoms were mild in 33%, moderate in 40% and severe in 12% of the patients, while present for 2 days/week in 29%, 3–5 days/week in 39% and 6–7 days/week in 17% of cases. GERD and/or dyspepsia symptoms were reported by 81.7% of users and as opposed to 62.5% of non-aspirin/NSAID users during the last two weeks before visiting their PCP (P = 0.043). **CONCLUSIONS:** In patients who use primary care health resources, GERD symptoms are highly prevalent (57%), being present for at least 2 days/week in 85% and of moderate/severe intensity in more than 50% of symptomatic patients. Aspirin/NSAID use substantially increases prevalence of GERD and dyspepsia symptoms.

PGI18

DISCRIMINANT VALIDITY OF THE WORK PRODUCTIVITY AND ACTIVITY IMPAIRMENT QUESTIONNAIRE IN PATIENTS WITH CROHN'S DISEASE

Reilly MC¹, Gerlier L², Brown M³

¹Margaret Reilly Associates, Inc, New York, NY, USA, ²Keyrus Biopharma, Levallois Perret, France, ³UCB, Slough, UK

The validity of the work productivity and activity impairment (WPAI) questionnaire in the measurement of health-related productivity was demonstrated in gastroesophageal reflux disease and irritable bowel syndrome. The Crohn's disease (CD) specific WPAI (WPAI:CD) was administered in two large clinical trials PRECiSE 1 and PRECiSE 2 that demonstrated the efficacy and tolerability of Certolizumab Pegol subcutaneous once monthly, vs. placebo, in patients with moderate to severe CD. **OBJECTIVES:** The objective was to compare the WPAI:CD scores of patients categorized by baseline disease severity and health-related quality of life (HRQoL) level, with the *a priori* assumption that more severe health conditions are associated with higher impairments in work productivity and daily activities. **METHODS:** The 1330 randomized patients were divided into "best" and "worst" subgroups determined by the CD Activity